

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027040

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

35

STATE FILE NUMBER

FILED JUN 20 1963

## 1. PLACE OF DEATH

## a. COUNTY

Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Mountain Grove

Length of stay in lb  
OR  
TOWN

2 Weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Mountain Grove Rest Home

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

## a. STATE

Missouri

## b. COUNTY

Wright

c. CITY  
OR  
TOWN

Mountain Grove

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

302 Morris Avenue

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
FRANCISMiddle  
OSCARLast  
JOHNSON4. DATE  
OF  
DEATHMonth  
JuneDay  
13,Year  
1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/4/1876

## 9. AGE (last birthday)

87 Yrs

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer (Retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

Salem, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Charles Johnson

## 13b. MOTHER'S MAIDEN NAME

Sarah Shieflatt

## 14. NAME OF HUSBAND OR WIFE

Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs Emma Green - Brentwood, California

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

EXSANGUINATION

INTERVAL BETWEEN  
ONSET AND DEATH

5 MIN

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Spontaneous Rupture of Dissecting Aortic Aneurysm

## DUE TO (c)

Advanced Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from June 02, 1963 to June 13, 1963 and last saw him alive on June 13, 1963  
Death occurred at 6:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

Richard H. Mitchen

## 22b. ADDRESS

R.O. Mtn. Grove, Mo

## 22c. DATE SIGNED

6-15-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

6/18/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Helms Cemetery

## 23d. LOCATION (City, town, or county)

Wright County, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Barber Funeral Home - Mtn. Grove, Mo

## 25. DATE RECD. BY LOCAL REG.

June 15, 1963

## 26. REGISTRAR'S SIGNATURE

Bernice L. Silverman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 1141  
2 1141  
3  
4 0  
5 0  
6  
7 0  
8 2  
9 451X  
10  
11  
12 86-2  
13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Bob Davis, Student Embalmer No. 678

working under my personal supervision.

Student Bob Davis  
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 5161

P. O. Address W. H. Brown, 140

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.